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# ASSESSMENT SERVICES

#### **OVERVIEW**

#### Introduction

Assessments are vital to the treatment and supervision mission of the CONREP program. The data derived from assessments provide treatment direction, help in the assessment of treatment effectiveness, assist in developing recommendations to the judicial system, and support ongoing CONREP research efforts. Assessment services are provided in accordance with WIC 4360, PC 1615 and PC 1617, and reflect current standards of sound clinical practice.

Policies and procedures regarding assessments for all CONREP patients are presented in the following pages. All program assessment practices are to be consistent with those outlined in this section.

#### **Assessment Definition**

An assessment is a comprehensive, mental health clinical evaluation of the etiology, course, and/or current status of the patient's mental emotional or behavioral disorder. The assessment process supplements the on-going clinical determinations regarding a patient's mental status.

#### **Purposes of Assessments**

The specific purposes of assessments are to assist in:

- \* Determining the risk factors which contributed to the patient's offense(s) and other mental, emotional and behavioral problems;
- \* Defining the degree to which the diagnosis and other contributing factors continue to influence the patient;
- \* Developing and evaluating the patient's treatment plan and making recommendations for risk management;

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#### ASSESSMENT SERVICES

#### **OVERVIEW**

### Purposes of Assessments (cont.)

- \* Monitoring the effectiveness of the treatment plan and the patient's treatment progress;
- \* Revising treatment plans to be consistent with changes in the patient's circumstances;
- \* Providing objective supplemental information for making dispositional decisions and recommendations; and
- \* Establishing a statewide clinical database to be used for evaluating treatment models and determine norms for forensic patients.

### **Testing Terminology**

Psychological testing represents one possible component of a comprehensive assessment. Typically, several psychological tests are given together in a battery. An assessment protocol identifies standardized tests to be used in a battery and recommends when test batteries are to be administered to patients.

#### **Assessment Resources**

Access

All CONREP programs and their patients are to have access to assessment resources, including psychological testing and consultation. While all programs have the staff resources for Annual Case Reviews and behavioral surveys, not all programs have psychologists available who have training and experience in testing forensic patients. For those psychological tests which need to be administered by trained licensed psychologists, those resources will be made available to all programs through the California Forensic Assessment Project (CFAP). These assessment resources are available to the extent there is available funding.

#### **OVERVIEW**

Assessment Resources (cont.)

**CONREP Staff** 

All CONREP programs have licensed clinical staff who can conduct Annual Case Reviews and behavioral surveys such as the BPFQ, or the HCR-20. When needed, CONREP Operations will provide instructions and training to conduct these types of assessment.

Contracted Psychological Services

CONREP Operations contracts with the California Forensic Assessment Project to provide a panel of expert testing and consulting psychologists. The panel members meet standards established by CONREP Operations for training and qualifications in the tests used. The panel is monitored for quality control through supervision and reviews.

Program Staff Psychologist

A CONREP program may secure its own psychologist for testing its patients. The local program psychologist must meet the same specific competency standards as the statewide panelist providing psychological testing. Accordingly, staff psychologists are to only use tests for which they are trained and qualified. Some tests, to be effective, need to be administered by a psychologist who is not the patient's primary therapist.

**Testing Materials** 

The California Forensic Assessment Project may provide, when possible through bulk purchases, the testing materials and scoring services required.

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# **ASSESSMENT SERVICES**

#### ASSESSMENT PROTOCOL

**Program Participation** 

CONREP program staff are encouraged to advise their CONREP Operations Liaison regarding their assessment needs and provide suggestions which will be helpful in revising assessment policies and procedures. Input should be given either to the CONREP Operations liaison or to the California Forensic Assessment Project Director.

#### TYPES OF ASSESSMENT

**General Description** 

The four types of assessments used by CONREP programs are listed in the following chart below. Each type of assessment and the procedures to be followed are described in detail in the succeeding pages. These policies do not preclude the use of additional assessment services as needed.

**Annual Case Review** 

The Annual Case Review fulfills the yearly requirement for a clinical assessment defined in the Core Service Standards.

**Behavioral Survey (BPFQ)** 

The annual Behavioral and Psychiatric Functioning Questionnaire (BPFQ) provides information required for ongoing DMH research on CONREP program effectiveness.

Standardized Psychological Testing

Patients are tested with a minimum battery of psychological tests at key decision points in treatment based on their legal class as defined by the CONREP Assessment Protocol.

**Specialized Psychological Testing and Consultation** 

When clinically indicated during treatment, CONREP programs may provide or obtain psychological testing and consultation from CFAP in addressing specific clinical questions. A request for specialized testing should include a brief description of the clinical reasons for the testing. This request will be evaluated by the CFAP Project Director.

**Reporting Assessment Services** 

The following Service Mode and Service Function codes will be used for reporting assessment and testing services:

15/30 — Annual Case Review (Core service);

15/31 — BPFQ Testing;

15/32 — Standardized Psychological Testing; 15/33-38 — Other Psychological Testing; and

15/39 — Neuropsychological Testing.

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# **ASSESSMENT SERVICES**

#### TYPES OF ASSESSMENT

#### **OVERVIEW OF CONREP ASSESSMENT SERVICES**

### **PATIENT TYPE**

	NGI, MDO, MDSO, SOCP	<u>IST</u>
ASSESSMENT TYPE		PROCEDURES

Annual Case Review	Conducted at annual CONREP meetings with interdisciplinary staff, using all available clinical and test information.	Conducted at annual CONREP meetings with interdisciplinary staff, using all available clinical and test information.
Behavioral Survey	BPFQ administered by clinical staff at admission and yearly.	BPFQ administered by clinical staff at admission and yearly.
Standard Psychological Testing	Psychologist administers Standardized Battery –	Competency Assessment Instrument (CAI)
	<ul> <li>-Within the first 3 mos if placed in an STRP and has never been tested;</li> <li>-Within first 18 mos, if not in STRP and has never been tested;</li> <li>-Restoration of NGI;</li> <li>-Remission of MDO.</li> </ul>	Staff at admission, 6 months, and quarterly thereafter; or, when indicated, neurological and/or IQ tests by a psychologist.
Specialized Psychological Testing and Consulting	Psychologist administers tests requested as clinically indicated, pending approval by CONREP Liaison or CFAP Director.	Psychologist administers tests requested as clinically indicated.

# Note:

IST = Incompetent to Stand Trial NGI = Not Guilty by Reason of Insanity MDO = Mentally Disordered Offender MDSO = Mentally Disordered Sex Offender SOCP = Sex Offender Commitment Program

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# **ASSESSMENT SERVICES**

# ANNUAL CASE REVIEW

#### **Core Service Assessment Standard**

The assessment requirement for the core service standards is met by the program staff's **Annual Case Review**. The Annual Case Review is typically conducted in an interdisciplinary staff meeting to review a patient's clinical status prior to making the yearly dispositional recommendation to court.

#### **Purposes**

The Annual Case Review should result in updated clinical goals and objectives in the individualized treatment plan for each patient. These should be reflected in the dispositional recommendations presented in the annual report to the court. The assessment core service standard will be implemented through the following procedures.

#### **Issues Addressed**

The Annual Case Review should consider all relevant clinical information. This includes, but is not limited to, the following areas of concern:

- \* Present Functioning:
  - 1. Diagnosis:
  - 2. Cognitive functioning;
  - 3. Updated Individual Risk Profiles and HCR-20;
  - 4. Awareness of offense and mental disability;
  - 5. Adherence to treatment contract;
  - 6. Symptomatology; and
  - 7. Changes since last assessment.
- \* Medications/Physical concomitant:
  - 1. Medical conditions affecting progress or risk:
  - 2. Medications prescribed and compliance;
  - 3. Changes since last assessment.

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# ASSESSMENT SERVICES

#### ANNUAL CASE REVIEW

**Issues Addressed** (cont.)

- \* Substance Abuse:
  - 1. Assessment of extent of use;
  - 2. Assessment of patterns of abuse;
  - 3. Results of drug testing;
  - 4. Changes since last assessment; and
  - 5. Participation in substance abuse treatment.
- \* Social Network Functioning:
  - 1. Friendships/family;
  - 2. Vocational plan / Volunteer work;
  - 3. Hobbies
  - 4. Living situations / Activities of daily living;
  - 5. Financial Plan; and
  - 6. Changes since last assessment.
- \* Personal Interactions:
  - 1. Personal resources;
  - 2. Awareness of alternatives;
  - 3. Self-confidence;
  - 4. Coping resources;
  - 5. Impulse control and affect management; and
  - 6. Changes since last assessment.

**Review of Test** and Clinical Data

The patient's most recent psychological testing results, Individual Risk Profile, and substance abuse screening results should specifically be examined at the time of the Annual Case Review.

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#### ASSESSMENT SERVICES

#### ANNUAL CASE REVIEW

**Updates of Related Materials** 

During the process of conducting the Annual Case Review, other documents should also be updated. The first, *Terms & Conditions of Outpatient Treatment*, should be revised to reflect the outcome of the case conference and subsequent discussions with the patient. If there are changes made, both the patient and a clinician should sign the revised document. (See manual **Section 1410: ADMISSION PROCESS** for details.) The *Treatment Plan*, *BPFQ* and *Individual Risk Profile* should also be modified at least at each Annual Case Review, as further information about the patient is acquired. (See manual **Section 1340: CORE SERVICES** for details.)

**Documentation** 

The Annual Case Review should be noted in the patient's record and should identify the staff present at the meeting. The chart note should contain a written summary of the meeting in the form of an extensive note, or reference minutes or a report, describing the results of the staff's review of the clinical material and testing data.

In small, single-staff programs, an Annual Case Review can be accomplished with the psychiatrist involved, the CONREP Operations regional liaison and/or staff from a neighboring CONREP program.

**Annual Report to Court** 

The Annual Report to the court is a summary of the Annual Case Review and provides the court with a description of the patient's progress and makes dispositional recommendation. a However, the Annual Report to the court typically does not, in itself, provide adequate documentation of the staff's Annual Case Review which has a broader clinical scope and addresses treatment progress and treatment planning with greater detail. (For additional information see manual **Section** 1420: REPORTS & ANNUAL REVIEW PROCESS.)

# BEHAVIORAL AND PSYCHIATRIC FUNCTIONING QUESTIONNAIRE (BPFQ)

#### **Description**

The Behavioral and Psychiatric Functioning Questionnaire (BPFQ) is a multi-part behavioral checklist filled out by the primary therapist. CONREP program clinical staff are responsible for administering the BPFQ. The following section describes the procedures for the BPFQ.

#### **Purposes**

The BPFQ serves the following purposes:

- \* Describes the range of social, behavioral, and psychiatric problems of the statewide CONREP populations;
- \* Measures individual and aggregate changes in patients after each year of CONREP treatment;
- \* Provides an opportunity to test, through ongoing analysis, whether adjustment and social problems are correlated with risk for reoffense;
- \* Enables the development of summaries to provide programs with feedback on client's problems and progress in treatment based on trends established over several years; and
- \* Provides a database from which to fulfill the legislative mandate to evaluate the effectiveness of CONREP.

#### **Questionnaire Content**

The BPFQ measures several aspects of CONREP client functioning, including:

- \* Employment/employability;
- \* Living arrangement;
- \* Social support:
- \* Substance abuse:
- \* Overall adherence to treatment program;

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#### ASSESSMENT SERVICES

# BEHAVIORAL AND PSYCHIATRIC FUNCTIONING QUESTIONNAIRE (BPFQ)

#### **Questionnaire Content** (cont.)

- \* Behavioral obtrusiveness;
- \* Self-confidence; and
- \* Psychiatric symptomatology using the Forensic Adaptation of the Brief Psychiatric Rating Scale (FBPRS).

It is no longer necessary to record data regarding medications, even though questions remain on the form. Leave items 17a-17d blank.

#### Administration

The following guidelines are to be used in administering the BPFQ:

- \* The BPFQ is to be completed by the primary therapist for each CONREP patient;
- \* The BPFQ is to be completed on all CONREP patients at the following points in time:
  - 1. **Admission**: submitted within 30 days of original admission or re-entry (following discharge) to CONREP; and
  - 2. **Annually**: submitted within 30 days of the anniversary of program entry ("Anniversary Date").

#### **Submission**

All BPFQ forms should be submitted to:

Department of Mental Health Forensic Services Support Operations 1600 9th Street, Room 250 Sacramento, CA 95814.

It is not necessary to keep a copy of the BPFQ in the patient record.

# STANDARDIZED PSYCHOLOGICAL TESTING

#### **CONREP Assessment Protocol**

Description

The CONREP Assessment Protocol includes the schedule of psychological testing to be administered during the course of treatment of CONREP patients. The protocol is based on the California Forensic Assessment Protocol and is reviewed and updated on an ongoing basis by CONREP Operations.

**Protocol Test Batteries** 

The current CONREP Assessment Protocol describes standardized test batteries to be administered in order to determine patient functioning in one of several performance areas at different phases in treatment. The batteries consist of standardized psychological tests and standardized clinical measures, both of which will be referred to as "tests" in this manual.

Batteries of several tests are usually used to make a clinical determination rather than one test alone. The comprehensive results from several tests may validate or qualify a particular conclusion in a manner which a single test is unable to do.

Purpose of Protocol

The purpose of this system-wide protocol is to address the key areas of functioning to be tested and to identify the frequency for that testing. The key areas of functioning are:

- \* Physical Co-factors;
- \* Intellectual Functioning;
- \* Neuropsychological Functioning;
- \* Risk Assessment; and
- \* Competency Assessment (as appropriate).

These areas of functioning, including the tests to be used and recommended frequency for those tests, are described in detail below.

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### ASSESSMENT SERVICES

#### STANDARDIZED PSYCHOLOGICAL TESTING

**Physical Co-Factors** 

A physiological assessment by the medical staff determines the presence and degree to which physical disorders are co-factors to a patient's mental disorder. The results for state hospital patients are summarized on hospital medical records Form MH 5719, the Physical Treatment Profile. The physical assessment identifies conditions which would not be responsive to mental health interventions alone. **Physical** assessments are conducted at admission to the state hospital and yearly thereafter while the patient is in a state hospital facility. Patients admitted directly to CONREP should have similar examinations by program psychiatrists.

**Intellectual Functioning** 

A screening assessment of the patient's level of intellectual functioning provides a baseline of the ability to participate in therapy. Treatment planning needs to consider the patient's ability to engage in insight and cognitive therapy. A general assessment of intelligence can be obtained from screening tests which are quick and efficient to administer, such as the K-Bit or Shipley.

Tests vary in their designs to compensate for non-English, non-literate, or non-verbal patients. Specialized or more through testing needs to be done if clinically indicated. A brief intellectual functioning screening, however, needs to be conducted only once, ideally at the beginning of state hospital or CONREP treatment.

# STANDARDIZED PSYCHOLOGICAL TESTING

#### **Neuropsychological Functioning**

A screening assessment of the patient's neuropsychological functioning is important as some treatment interventions will not succeed with certain neurological impairment. pretreatment screening can anticipate many of the serious impairments that can interfere with The Neurobehavioral Cognitive treatment. Screening Examine (NCSE) along with the Trails Making A & B can be used to help identify the areas and severity of impairment establish need further the for neuropsychological testing.

Follow-up neuropsychological and/or neurological examinations may be indicated for some patients found to have severe impairment. A brief neuropsychological functioning screening assessment is done routinely in order to monitor for possible deterioration in functioning. More extensive testing may be necessary when indicated by deterioration of functioning and/or a subsequent head trauma.

# Risk Assessment Using Psychological Testing Data

Overview

The broadest and perhaps most crucial category patient functioning which requires assessment is risk of reoffense and other dangerous behavior. Risk assessment is developing fundamental to appropriate planning, diagnosis, treatment treatment monitoring and recom-mendation for the placement and disposition of forensic patients. In CONREP, risk assessment is approached using psychometric and actuarial methods. This section of the manual deals with the use of Psychometric data. For risk assessment using actuarial data (HCR-20, MH Form 7025 Individual Risk Profile ), please see section 1340 of the CONREP Manual.

#### STANDARDIZED PSYCHOLOGICAL TESTING

Risk Assessment Using Psychological Testing Data (cont.)

Determination of Risk

**Test Battery** 

Frequency

There is no one psychological instrument for assessing dangerousness or reoffense potential. To make a determination of risk, information from several tests is used in conjunction with other clinical indicators such as psycho-social history, patient compliance with treatment, progress in meeting treatment goals, and monitoring behavior through supervision (e.g. home visits, and drug testing).

To assist in risk assessment, the CONREP Assessment Protocol includes a battery of psychological instruments which assess personality, cognitive-perceptual, and behavioral functioning. The basic report used to assist in making a risk assessment may include combinations of the following tests:

- \* MMPI-2;
- \* Rorschach Comprehensive System (Exner);
- \* Behavioral measures such as the HCR-20 for CONREP patients;
- \* Psychopathy Checklist (PCL) and/or the Psychopathy Checklist Screening Version (PCL-SV); and
- \* Multiphasic Sex Inventory (MSI) (for patients with sex offenses).

The **Psychopathy Checklist** may be given at least once either in the hospital or once the patient has been admitted to CONREP. Other psychological instruments are usually administered more than once.

#### STANDARDIZED PSYCHOLOGICAL TESTING

Risk Assessment Using Psychological Testing Data (cont.)

Frequency (cont.)

**Competency Assessment** 

**Testing Schedule** 

The MMPI-2, the Rorschach, and the Multiphasic Sex Inventory are administered periodically in treatment. They can help to identify current clinical factors and situational variables to show changes in those risk areas. Generally, these tests should not be administered more than every two years because of possible practice effects.

For IST patients, competency is the only mandated treatment issue. The assessment of competency determines when a patient is referred back to court as competent to stand trial. The Competency Assessment Instrument (CAI) is used to identify those patients not competent and the areas of incompetence.

Competency assessments are conducted in community outpatient treatment at admission and periodically thereafter to determine if the patient has regained competency. If a patient has not regained competency within six months of admission, other tests may be indicated to determine the prognosis for recovery, such as intelligence and neuropsychological tests.

Psychological testing may be done at key decision points in the development of treatment plans and dispositional recommendations. Each of the following have specific testing procedures identified:

- \* State Hospital Referral to CONREP (Done on 'as needed' basis with prior approval from CONREP liaison or CFAP Director);
- \* Direct Court Referral to CONREP (Done on 'as needed' basis with prior approval from CONREP liaison or CFAP Director);

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### ASSESSMENT SERVICES

#### STANDARDIZED PSYCHOLOGICAL TESTING

**Testing Schedule** (cont.)

- \* Within the first 3 months if placed in an STRP, and has never been tested (*required*);
- \* Within the first 18 months of discharge from hospital, and has never been tested (required);
- \* Mid-Treatment Testing if clinically indicated and with approval by CONREP Operations;
- \* Restoration of NGI; and
- \* Remission of MDO

The tests required for each treatment phase are detailed in the following pages.

#### **State Hospital Referral to CONREP**

**Hospital Testing** 

CONREP programs should attempt to discover and secure copies of test reports done in hospitals as part of the referral process. In certain situations, CONREP staff may request hospital staff to administer additional tests to assist in the community outpatient treatment (COT) readiness evaluation. Such requests will be made through the Hospital's Forensic Coordinator who will consult with the Chief of Psychological Services.

If hospital staffs are unable to conduct such testing, the testing may be referred to CFAP, within the limits of available funding and with the approval of the CONREP Operations Liaison or CFAP Director. This testing will fulfill the psychological testing required the 3 month timeframe for STRP placement or 18 month timeframe if patient is placed directly into community out patient treatment.

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# ASSESSMENT SERVICES

#### STANDARDIZED PSYCHOLOGICAL TESTING

Primary Purpose of Psychological Testing

The primary purpose is to provide objective and standardized data to assist in the identification of dynamic factors in public safety risk associated with placement to community outpatient treatment.

In addition, the referral testing is intended to validate the results of the clinical staffing and provide the CONREP staff additional material with which to develop the initial community treatment plan. It is essential to the development of an Individual Risk Profile.

Risk issues that emerge in testing should not necessarily be a deterrent to community placement if the staff have already addressed the issues in treatment and if there are concrete plans and means to manage them in the community.

Risk issues may emerge in testing which have not been previously recognized or addressed in treatment. These issues can then be integrated into the remaining treatment program and/or addressed in community outpatient treatment plans. Typically, these consist of situational dynamic factors such as relationship loss, loss of housing, etc.

Risk Issues

#### STANDARDIZED PSYCHOLOGICAL TESTING

#### **CONREP ASSESSMENT PROTOCOL:**

#### ADMISSIONS FROM STATE HOSPITAL

NGI, MDSO, and MDO PATIENTS

#### AREAS OF FUNCTIONING

#### RECOMMENDED TESTS

AREAS OF FUNCTIONING	RECOMMENDED TESTS
Physical Co-Factors:	Annual Physical Profile (Form MH 5719)
Intellectual functioning:	One screening test: K-Bit, Shipley or equivalent standard test
Neuropsychological functioning:	Two screening tests:  Neurobehavioral Cognitive Screening  Examine (NCSE)  Trails Making A & B
Individual Risk Assessment:	Battery using the following:  MMPI-2  Rorschach Comprehensive System (Exner) Psychopathy Checklist (PCL)  Multiphasic Sex Inventory (MSI)  (only patients with sex offenses)  HCR-20  1 other test at discretion of testing psychologist (such as TAT)  Integrated Test Report

#### **IST PATIENTS**

Physical Co-Factors:	Annual Physical Profile (Form MH 5719)
Competency Assessment:	Competency Assessment Instrument (CAI)
Specialized Assessment: (If hospitalized more than six months, test to provide a prognosis for return to competency)	Test as indicated: Intellectual functioning (e.g. WAIS-R-III) Neurological screen (e.g. NCSE)

#### STANDARDIZED PSYCHOLOGICAL TESTING

#### **CONREP Pre-Testing Procedures**

Prior to testing with the standardized psychological battery, CONREP programs will:

- \* Identify and prepare patients who will be tested;
- \* Provide the testing psychologist with a copy of the last Annual Review, current Individual Risk Profile, and any significant recent Quarterly Reports;
- \* Administer the MMPI-2 to the patient (instructions are available from the CFAP Project Director;
- \* Identify questions which staff have regarding the patient's functioning and/or treatment;
- \* Make available previous test results, court evaluations, police reports, probation officer reports, or admission/discharge notes from state hospitals; and
- \* Arrange for a private, appropriate place for test administration.

#### **Direct Admissions From Court**

**Prior Testing** 

Patients admitted directly to CONREP from the courts may not have prior testing. The areas to be tested and lists of tests are the same as those for state hospital referrals summarized on the previous page.

Timeline

All new patients accepted directly to CONREP from the Court, except for IST's and STRP placements, should be tested within the first 18 months of admission into CONREP. IST patients should be tested with the CAI at admission.

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# **ASSESSMENT SERVICES**

# STANDARDIZED PSYCHOLOGICAL TESTING

#### **Mid-Treatment Testing**

During the course of treatment, assessment testing will be conducted in accordance with the procedures described below. Testing will be done every five years, as needed, with approval by CFAP Director. IST patients will be tested for competency at 6 months, then quarterly.

# CONREP ASSESSMENT PROTOCOL: MID-TREATMENT

NGI, MDSO, MDO & SOCP PATIENTS

#### AREAS OF FUNCTIONING

#### **RECOMMENDED TESTS**

Risk Assessment	MMPI-2
at 18th month	Rorschach Comprehensive System (Exner)
	Psychopathy Checklist
	Multiphasic Sex Inventory (for sex offenders)
	HCR-20
	1 other test at discretion of testing psychologist
	(such as TAT)
	Integrative Test Report
Risk Assessment	MMPI-2
at 5th year, if needed	Rorschach Comprehensive System (Exner)
at 5th year, 11 needed	Psychopathy Checklist (if not done)
	Multiphasic Sex Inventory (for sex offenders)
	HCR-20
	1 other test at discretion of testing psychologist
	(such as TAT)
	Integrative Test Report

#### **IST PATIENTS**

Competency at 6 months and then quarterly	Competency Assessment Instrument (CAI)
Specialized Assessment: (If in program more than 6 months, test to provide a prognosis for return to competency)	Test as indicated: Intellectual functioning Neurological functioning (ex. NCSE)

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# **ASSESSMENT SERVICES**

#### STANDARDIZED PSYCHOLOGICAL TESTING

# **Discharge Testing**

When a patient is being considered for a recommendation of restoration or discharge, assessment testing should be conducted in accordance with the procedures described below. The current CONREP Assessment Protocol identifies specific testing at the end of treatment in order to assess the level of risk and to document clinical changes.

#### **CONREP ASSESSMENT PROTOCOL:**

#### **DISCHARGE PLANNING**

NGI, MDSO, MDO & SCOP PATIENTS

#### AREAS OF FUNCTIONING

#### **RECOMMENDED TESTS**

Risk Assessment	MMPI-2
Prior to discharge	Rorschach Comprehensive System (Exner)
	Multiphasic Sex Inventory (for sex offenders)
	BPFQ: (within 30 days of Discharge)
	HCR-20
	Integrative Test Report

#### **IST PATIENTS**

Competency prior to discharge	Competency Assessment Instrument (CAI)
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# ASSESSMENT SERVICES

#### SPECIALIZED PSYCHOLOGICAL TESTING AND CONSULTATIONS

**Special Testing as Needed** 

In the course of treatment, there are a number of specific clinical questions which can benefit from current testing technology. Public safety concerns necessitate the use of available clinical tools for treatment and dispositional decisions. The tests to be used will depend on the specific clinical question. The decision regarding which tests are to be used is made by the testing psychologist based on the referral questions and the needs of the patient.

### **Requests for Specialized Services**

Coordination of Requests

Program staff should request specialized testing and consultation from the California Forensic Assessment Project Director. This request needs to include a brief description of the clinical reasons for the testing.

The CONREP Operations Assessment Project monitor will assist in identifying the resources needed to conduct these specialized assessments.

**Request Priorities** 

Priority will be based on the need and availability of resources. Need will be determined by public, patient and staff safety issues in light of CONREP treatment goals. CONREP Operations will explore alternatives and may provide the service through a centralized resource when possible.

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# ASSESSMENT SERVICES

#### TESTING PSYCHOLOGISTS

#### **Functions**

CONREP testing psychologists are expected to:

- \* Assist staff in defining the clinical questions for the testing;
- Conduct psychological testing in accordance with the CONREP Assessment Protocol;
- \* Comply with CONREP Operations and CFAP assessment procedures and supervision;
- \* Participate in quality control efforts;
- \* Administer psychological tests as indicated;
- \* Possess the training and skills to score and interpret tests accurately;
- \* Furnish CFAP with copies of all test data;
- \* Integrate data into a report according to the CONREP Operations and CFAP guidelines;
- Confer with staff about the results of testing and recommendations.

# **Qualifications**

CONREP testing psychologists and statewide panelists must meet the following criteria for providers of assessment services:

- \* Possess current California Psychology license (must provide copy);
- \* Possess professional liability insurance in the amount of at least \$1,000,000 per occurrence/1,000,000 per aggregate;
- \* Agree to have work supervised by a Supervising Consultant; and

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# **ASSESSMENT SERVICES**

#### TESTING PSYCHOLOGISTS

**Qualifications** (cont.)

- \* Minimum of two years of post-doctoral clinical experience, including documented experience in the following areas:
  - 1. Forensic clinical experience;
  - 2. Documented testing and consultation experience;
  - 3. Willingness to provide court testimony; and
  - 4. Report writing.

**Verification of Expertise** 

All testing psychologists will demonstrate **Certification** expertise in the above five areas by providing the following materials — all of which must meet current standards of practice:

- \* One example of the following:
  - 1. Exner Comprehensive System Protocols,
  - 2. Integrative psychological report; and
- \* List of three references who can attest to expertise in the above five areas.

This material will be reviewed by an appropriate consultant without knowing the identity of the submitting psychologist. Verification by the CFAP Director will be based mainly on this review. If it appears that the potential panelist meets the above requirements, a trial assignment will be given, in which the panelist will be asked to do a battery. If the work reflected in the battery is acceptable, the panelist will receive referrals.

**Training** 

Qualified testing psychologists will be expected to possess the skills to use the specified tests. Training and/or supervision may be provided by CFAP if additional specialized tests are added to the test battery.

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# **ASSESSMENT SERVICES**

#### TESTING PSYCHOLOGISTS

**Court Testimony** 

Testing psychologists will be available for court testimony if issued a subpoena. They will also be available for consultation with the treatment staff about court testimony regarding testing results. The county issuing the subpoena is responsible for reimbursing testing psychologists for court testimony time and travel.

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# ASSESSMENT SERVICES

#### ASSESSMENT REPORTS

#### **General Description**

Subsequent to the administration of a test battery, an integrative assessment report will be submitted to the program by the testing psychologist. The report should be a brief focused presentation of the test results, highlighting key areas of functioning and directly address the clinical questions of the staff.

Assessment reports are expected to address referral questions, be clear and concise, and avoid the use of jargon. Report recommendations should be appropriate for CONREP treatment and the resources available.

### **Report Elements**

Each assessment report should contain the following elements:

- \* Patient identification;
- \* Reason for assessment;
- \* Assessment procedures;
- \* Summary of committing offense, prior offense history and precursor circumstances;
- \* Test taking attitude/approach;
- \* Summary of current areas of functioning;
  - 1. Coping resources;
  - 2. Impulse control and affect management;
  - 3. Self-concept and ego functioning;
  - 4. Interpersonal functioning; and
  - 5. Cognitive functioning.

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# ASSESSMENT SERVICES

#### ASSESSMENT REPORTS

#### Report Elements (cont.)

- \* Diagnostic considerations;
- \* Response to referral questions;
- \* Treatment issues and needs; and
- \* Assessment of risk; and
- \* Identification of testing psychologist.

#### **Quality Control**

All assessment reports and test scores may be reviewed by California Forensic Assessment Director for compliance with CONREP procedures and professional standards. Consultation with specific test experts will be conducted as needed to ensure that CONREP assessments meet current standards of professional practice.

#### **Consultation with Primary Therapist**

Upon completion of the assessment report, the testing psychologist will provide consultation, either in person or by phone, to the patient's primary therapist. The purpose of the consultation is to review the report findings and provide any necessary clarification. The primary therapist has the responsibility for communicating the assessment findings to the patient as indicated.

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# ASSESSMENT SERVICES

#### PSYCHOLOGICAL RECORDS MANAGEMENT

**CONREP Patient Record: Assessment Report Section** 

Each CONREP patient's treatment record should contain a section for *Assessment Reports*. Copies of the most recent Individual Risk Profile, and psychological assessment reports will be placed in that section. Prior BPFQ Client Profiles, BPFQ Questionnaires, HCR-20 coding sheets and psychological assessments should **not** be filed in the record, but should be retained in a separate designated file.

**Psychological Test Files** 

Specific psychological test results will be kept by a psychologist in a separate, secure psychology file, in accordance with ethical practices for psychologists. They should **not** be placed in the record. Psychological test results include raw test data, scores, scales and computer reports.

If a program has a staff psychologist or contracts with a psychologist, that psychologist will have access to the test data which is kept in a secure file cabinet in the program's office.

If the program does not have a staff or contracted psychologist, the testing data will be kept secure by the CFAP Project Director.

Log of CONREP Testing

When a patient is transferred to another program or back to the state hospital, a log or listing of the testing done regarding that patient is to be included in the records sent with the patient.

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#### ASSESSMENT SERVICES

#### PSYCHOLOGICAL RECORDS MANAGEMENT

#### **Transfer of CONREP Test Data**

Psychological staff at a state hospital or another CONREP program may request copies of test data from the previous CONREP program. A psychologist from CONREP should send the test data to the requesting hospital's Chief of Psychology Services or requesting CONREP's program psychologist.

#### **Transfer of Hospital Test Data**

Psychological staff at a CONREP program may request copies of test data from the state hospital. Requests for this data should be directed to the hospital's Chief of Psychology Services.

#### **Database of Test Data**

All copies of test scores and psychological reports will be sent to CFAP Director. Test data will be entered into a CONREP testing database for analysis. The database will be protected by the same security procedures as the other CONREP client data and will also be subjected to professional guidelines for psychological test data.

Test data will be used to establish norms for forensic patients, to assess clinical changes over time and to identify factors associated with risk behaviors.